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Worldwide Report

EPIDEMIOLOGY

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9 OCTOBER 1986

WORLDWIDE REPORT
EPIDEMIOLOGY

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INTER-AFRICAN AFFAIRS

BRIEFS

AFRAD CAMPAIGN IN RURAL AREAS--The two-day executive council meeting of the African Association of Dermatology (AFRAD) has ended in Nairobi, Kenya with a decision to launch comprehensive campaigns in member-states against skin diseases widespread in rural areas. According to the AFRAD vice president, Dr Edmund N. Delle, who is also the director of Rabito Clinic in Accra, this move aims at providing rural people with simple preventive methods and cheaper treatment for skin diseases. Speaking to newsmen at Kotoka International Airport shortly after arrival last week, Dr Delle said the campaign will be pursued with an eye on skin diseases such as leprosy. Dr Delle said the executive members also agreed to intensify their participation in the Primary Health Care (PHC) programme of their countries especially in the training of PHC workers on the treatment of skin diseases. The association, Dr Delle said is to become affiliated with the Organisation of African Unity (OAU) and recognised by the World Health Organisation (WHO). AFRAD will hold its fourth congress in Accra in February 1988. [Text] [Acra PEOPLE'S DAILY GRAPHIC in English 2 Sep 86 p 5] /13104

CSO: 5400/198

ANGOLA

TETANUS, MEASLES VACCINATION CAMPAIGN STARTS IN HUILA

Luanda JORNAL DE ANGOLA in Portuguese 3 Aug 86 p 3

[Text] The provincial sector of public health and epidemic control in Huila begins a campaign of vaccination against tetanus and measles tomorrow, according to Jacinto Hossi, head of that municipality.

Rossi said that the campaign will make use of 25 vaccination stations staffed by a physician and two representatives of the provincial health delegation for the Youth Party, and some professors.

Also, seven other groups with supervising nurses will participate in the campaign at medical stations, schools, and meeting halls of the borough. Jacinto Hossi said that during the initial phase children aged 7 months to 5 years will be vaccinated against measles, and individuals between 14 and 45 years of age, including pregnant women, against tetanus.

The vaccination campaign which will begin in Lubango, at Arimba and Huila, will have the support of technicians from local business organizations in Huila, said Hossi.

Hossi said that the orientation and organization phase with the local population had been difficult, in spite of lectures that had been offered to the parents regarding the value of vaccines in protecting the health of their children.

According to Hossi, last year 20,000 children were vaccinated against poliomyelitis in this region, and the present campaign is expected to reach a large number, as well.

According to the municipal head of public health and epidemic control, difficulties in transportation, and especially for providing food supplies for the personnel running the campaign at the various vaccination stations, had not yet been resolved.

12857/9190
CSO: 5400/180

ANGOLA

BRIEFS

LUANDA VACCINATION CAMPAIGN CONTINUES--The provincial health delegation of Luanda has informed our newspaper that the vaccination campaign against measles for children between the ages of 9 months and 3 years, and against tetanus for pregnant women in their fifth month will be extended to the 13th of the month at the vaccination stations located at the health centers of the various communities. The health authorities have appealed to children and pregnant women who have not yet been vaccinated to appear at the centers. [Text] [Luanda JORNAL DE ANGOLA in Portuguese 6 Aug 86 p 3] 12857/9190

CSO: 5400/180

BAHRAIN

HEALTH CARE FOR CHILDREN IMPROVES

Manama GULF DAILY NEWS in English 21-22 Aug 86 p 5

[Text] THE number of children dying in Bahrain from diarrhoeal diseases is less than one per 1,000, compared with 25-40 deaths per 1,000 in some other developing countries, an official survey has revealed.

Director of public health, Rifa'at Abdul Hameed, said the results of the survey reflected the quality of health care for children and the increased awareness of parents of their children's health problems.

The survey has been jointly carried out by the Health Ministry, Unicef and the World Health Organisation.

The number of children less than five years of age under study was 4,114, in 2,515 households, 14.3 per cent of them non-Bahrainis.

The study revealed that 378 of them suffered from diarrhoea which resulted in four deaths, giving a

mortality rate of 0.97 per thousand.

Campaign

The average number of episodes of diarrhoea per child per year was 2.4. This varied from 1.2 in the Muharraq region to 8.7 in the northern region.

Oral rehydration therapy use, as recommended by Unicef, was found to be 52.9 per cent, which was a high figure compared to other developing countries.

As part of a national diarrhoeal diseases control programme, around 116,000 oral rehydration salt packets of one litre each were distributed to hospitals and other government institutions last year.

The study team, however, recommended a mass communication campaign to stress the importance of oral rehydration in infants and young children.

/13104
CSO: 5400/4519

BAHRAIN

LEGIONNAIRE'S DISEASE STUDY COMPLETED

Manama GULF DAILY NEWS in English 18 Aug 86 p 5

[Text] BAHRAIN is not an endemic area for Legionnaires' disease, a government-sponsored study has revealed.

Dr Aziz Yousif, microbiologist at Sulmaniya Hospital, who carried out the study with the support of the Bahrain Centre for Research and Study, revealed that the prevalence of Legionella antibodies in the Bahraini community is only four per cent.

"Comparison to surveys of prevalence conducted elsewhere shows that Bahrain is among the lowest, and in Saudi Arabia the level was recorded at 28 per cent," he said in an article published in this month's issue of the *Bahrain Medical Bulletin*.

Air conditioning cooling towers, excavation of earth as well as hot and cold water systems in hotels and hospitals have been identified as a source of the disease, which causes serious respiratory illness.

Rare

Dr Yousif said the study was undertaken to determine the prevalence of the disease in Bahrain, where the hot and often dusty climate coupled with the extensive use of air cooling devices seem to provide ideal conditions for the spread of the airborne infection.

The prevalence of the disease in Bahrain and the Gulf remained unknown although a decade has elapsed since the first outbreak was reported in Philadelphia, US, where 29 American war veterans died from the disease, which was later named after them.

Dr Yousif said 510 blood donors were tested in Bahrain of which 4 per cent showed positive results.

"The low prevalence of antibodies shows that the disease is very rare in Bahrain and the country is not an endemic area for the disease," he revealed.

/13104
CSO: 5400/4519

BAHRAIN

VACCINATION PROGRAMS ATTAIN HIGH SUCCESS RATES

Manama GULF DAILY NEWS in English 30 Aug 86 p 6

[Text] THE number of children vaccinated against major diseases in Bahrain has more than doubled in the last five years.

A survey jointly carried out by the Health Ministry, the World Health Organisation and Unicef has revealed that the percentage of fully immunised children in the age group 1-2 last year was 82.5, against 40 per cent in 1980.

The report, which outlines the results of the survey, said by 1990, around 95 per cent of the children should have completed the basic immunisation series by their second birthday.

Started

It said health education activities in Bahrain have paved

the way for expanding immunisation coverage, especially against the six target diseases of the childhood — diphtheria, tetanus, whooping cough, polio, measles and tuberculosis.

These diseases had shown a decline with moderate increase in the vaccination coverage.

The MMR — mumps-measles-rubella — vaccine started in Bahrain only in 1984, yet the coverage so far has been high at 59.8 per cent.

But the booster dose for the triple and polio vaccines is still low being only 41.5 per cent.

The study team has recommended that the health education campaign should stress the importance of booster doses.

/13104
CSO: 3400/4319

CANADA

FURTHER EASING OF SHELLFISH BAN ON WEST COAST REPORTED

Vancouver THE WEEKEND SUN in English 9 Aug 86 p A9

[Text]

A ban on recreational and commercial harvesting of bivalve shellfish due to toxic red tide, or paralytic shellfish poisoning, was lifted effective today along much of the southern B.C. coast.

"Conditions have improved dramatically," said Rudy Chiang, sanitary shellfish coordinator for the federal fisheries department. "I'm surprised levels have dropped so fast."

The closure, slapped on the entire B.C. coast one month ago, has been lifted for oysters, scallops, manila clams and littleneck clams in the following areas:

● Vancouver Island — from Saanich Inlet to Saturna Island, including the Gulf Islands, and from Union Bay to Cape Lazo and Oyster River.

● Sunshine Coast — from Thormanby Island and Halfmoon Bay to Texada, Savary, Cortes, Marina, Read and Redonda Islands, including Desolation Sound, Jervis Inlet and Sechart Inlet.

Chiang added the closures still apply to butter clams and mussels in these areas, as well as all bivalve shellfish along the rest of the coast.

Recent tests of butter clams and mussels in Okeover Inlet north of Powell River showed toxic levels of 560 and 1,400 micrograms per 100 grams of meat, respectively. The maximum allowable limit is 80 micrograms.

Chiang also reminded commercial harvesters that a conservation closure still applies to Area 15, near Powell River, and that sewage contaminated areas remain closed.

/13046

CSO: 5420/100

CANADA

MINISTER ON RATE OF CANNED TUNA FAILING QUALITY TEST

Toronto THE TORONTO STAR in English 3 Sep 86 p A2

[Article by John Spears]

[Text]

After re-examining part of the canned tuna that touched off a scandal a year ago, federal fisheries inspectors have withheld approval from nearly one can out of four.

And the tuna inspected so far is probably the best of the suspect fish, federal Fisheries Minister Thomas Siddon said in an interview yesterday.

Siddon said 2 million or 3 million cans out of about 17 million cans of suspect tuna have been re-inspected.

The Star-Kist tuna dominated the news last fall it was revealed that John Fraser, then the fisheries minister, had allowed the tuna to be released for sale even though his inspectors had judged it unfit for human consumption.

The tuna, which was canned in St. Andrews, N.B., is now being

re-inspected using more rigorous standards. Siddon said yesterday there are 17 million suspect cans, but other reports have put the number at 22 million.

Siddon said Star-Kist has been given reports recently on the results of the re-inspection of 2 million to 3 million cans.

"Those reports so far have shown that something slightly more than 75 per cent of the lots we've been inspecting look to be acceptable in the judgment of my officials. The balance is being set aside again for even more rigorous inspection," Siddon said.

The first batches to be inspected are thought to be the best of the suspect fish, he noted, stressing that "only fish of acceptable quality" will be released either in Canada or abroad.

/13046

CSO: 5420/100

CANADA

INCREASE IN PENICILLIN-RESISTANT GONORRHEA CASES REPORTED

Ottawa THE CITIZEN in English 8 Sep 86 p A5

[Article by Jane Defalco]

[Text]

The number of cases of penicillin-resistant gonorrhea is increasing alarmingly in Canada.

Health officials say the stubborn strain of venereal disease is a growing health threat.

Ontario provincial laboratories are reporting "horrible" increases in the number of cases, says Dr. Gordon Jessamine, an expert in sexually transmitted diseases with the federal Laboratory Centre for Disease Control.

He said as of Aug. 2, Ontario laboratories had confirmed 218 cases to date this year — a three-fold increase over the number of cases identified in the same period last year.

Patients with this type of gonorrhea must be given the antibiotic spectinomycin, a far more costly medication.

Penicillin will eliminate the symptoms of the disease without curing it, and that is the most frightening part of this growing medical problem, Jessamine says.

Patients given penicillin will see their symptoms clear up and believe they are cured. Some don't return for follow-up appointments or the physician, hearing no more from the patient, forgets the

matter.

Victims can spread the disease and can suffer irreversible damage such as sterility.

Jessamine said women are at greatest risk because 85 per cent of those who contract gonorrhea rarely have the symptoms. They can end up with pelvic inflammatory disease, infected ovaries and tubal blockages that can result in tubal pregnancies that can be fatal if the tube ruptures.

Jessamine said the number of cases identified in Ontario is startlingly high when compared with the 208 cases from across Canada identified in the federal centre for disease control labs in the first six months of 1986.

He said the 208 cases almost equal the total of 218 cases identified for all of 1985.

"If this keeps up there will be a 100-per-cent increase," said Jessamine.

Dr. Ian Gemmill, associate regional medical officer of health, said the number of cases seen in Ottawa-Carleton has steadily risen, from two in 1982 to 11 cases so far this year.

He added there was an outbreak of this strain of gonorrhea in Toronto a few months ago, so "we're on alert."

Jessamine said the first cases

of penicillin-resistant gonorrhea were reported in Canada a decade ago, when a group of infected sailors didn't respond to huge doses of penicillin.

Until recently, Canadian cases were traced to Third World countries such as Thailand where the strain originated.

Jessamine said Canadians are now infecting each other, creating "reservoirs" or pockets of infection that can lead to epidemic outbreaks such as the one in Toronto.

About one in 200 of Canada's gonorrhea cases — estimated at about 82,000 a year — is penicillin resistant. In Holland, this has become a huge problem, with about 10 per cent of all cases resistant, said Jessamine.

/13046

CSO: 5420/100

CANADA

BRIEFS

QUEBEC HOSPITAL SALMONELLA OUTBREAK--Quebec--The Hotel-Dieu hospital in Quebec City is coping with an outbreak of salmonella poisoning, the hospital's director said Wednesday. Victorin Laurin said that 10 cases of salmonella poisoning have been confirmed and about 25 patients have symptoms of the disease, which include diarrhea, nausea and vomiting. Laurin said the hospital has been faced with smaller outbreaks in the past of salmonella, often caused by spoiled food. [Text] [Vancouver THE VANCOUVER SUN in English 14 Aug 86 p A6] /13046

CSO: 5420/100

DENMARK

DOCTOR LEADS EFFORT TO ASSEMBLE 'AIDS DONOR CORPS' IN STUDY

Copenhagen BERLINGSKE TIDENDE in Danish 5 Sep 86 p 6

[Article by Henning Ziebe]

[Text] The lives of AIDS patients may be prolonged and the course of the disease alleviated. It, therefore, is important to ascertain an infection with AIDS at an early point, so that the patient may become treated quickly, says Dr. Viggo Faber, the National Hospital, who wants the attitude of hopelessness toward the disease to become changed.

"Providing effective drugs for the treatment of AIDS by assembling an AIDS donor corps is a pipe dream. I am aware of this, and I do not like to give rise to any vain hopes, but I am clearly less pessimistic with regard to AIDS treatment than previously."

The above statement was made by Prof. Viggo Faber, a physician at the National Hospital, who is one of the leading researchers in the field of AIDS research.

"We know now for certain that we are able to prolong the lives of many AIDS patients. And we also know with certainty that we are able to alter the course of the disease among some of those who have become infected with the AIDS virus but have not yet developed AIDS.

That is why it is most important to change the defeatist attitude which marks both many of those who have become infected with the disease and many of the physicians treating the disease. Several of those who belong to the risk groups do not want to be examined for infection with the AIDS virus 'for, after all, there is nothing to do about it, so why be troubled by the knowledge.'"

In Treatment at an Early Stage

"That is an entirely wrong attitude," says Prof. Faber, "for there is increasingly more to do about it, and it is important that we contact those who have become infected with the disease as quickly as at all possible. We are today able to ascertain whether the disease is developing, even before the appearance of any symptoms. That enables us to intervene as soon as the first signs of infection appear, and that is of great importance for the treatment.

But, in addition, we now have at our disposal a number of means to stimulate the immune system which we are testing, among other things, in a Scandinavian cooperation.

At the National Hospital, we have selected a fairly small group of patients whom we follow closely, and we then start treatment when their immune systems start failing. We should like to examine whether there are factors in their blood which suppress their immune systems. Not just the factor ascertained by the young Danish physician Bo Hoffmann but also factors which affect other cellular systems.

By starting a treatment at an early stage, we may prolong the lives of our patients, and this is of great importance because new substances emerge continually which seem to have an effect on the destroyed immune system, which is the cause of the deadly infections among AIDS patients.

Able to Remove Antibodies

We have, among other things, got the new interferon, which has had a good effect in connection with the so-called Kaposi sarcoma--a tumor found in some AIDS patients. And we are now also able to remove some of the factors which contribute to suppressing the immune system of the patient. We are also able to remove certain harmful antibodies. The strain on the immune system is thereby eased, and if, at the same time, we administer new substances which support the immune system, a favorable effect may perhaps be found here. New substances emerge all the time which may supplement one another, and, via the donor corps project, we may find even more substances which may be incorporated in the treatment.

Amazing Results

We have examples showing that AIDS patients whom we believed to be on the point of dying have recovered amazingly in connection with treatments. We thus know today that something can be done, even if we do not have sufficient knowledge as to the proper treatment for all patients. What seems to help one patient may perhaps not help others.

With all the new possibilities, there is basis for less pessimism. And I believe that, within the foreseeable future, we shall be able to handle this disease as well. However, it is important for us to have all persons infected with the AIDS virus included in the "system" at a very early point. We thereby improve their chances--both of having their infections treated and of living long enough to possibly benefit by the substances which emerge at such a fast rate, and some of which will prove to enable them to fight off their deadly infections," says Prof. Viggo Faber.

7262

CSO: 5499/2562

DENMARK

DECLINE IN NUMBER OF VENEREAL DISEASE CASES REPORTED

Copenhagen BERLINGSKE TIDENDE in Danish 28 Aug 86 p 2

[Article by Søren Knudsen]

[Text] The National Health Service finds that a change in people's sexual habits may be ascertained but still lacks concrete studies. The Ministry of Interior has granted 2 million kroner for a study of the population's knowledge of AIDS.

Increasingly fewer Danes contract the venereal diseases syphilis and gonorrhea. The National Health Service regards this as an indication that people are changing their sexual habits.

The fear of AIDS and the extensive information campaign have caused people to protect themselves against the dreaded AIDS disease, and that is why the number of reported cases of venereal diseases has declined in the course of the last couple of years.

In 1983, 9,663 cases of gonorrhea and syphilis were reported, and in 1984 the figure dropped to 8,413. The figures for 1985 and 1986 have not yet been compiled, but, according to the National Health Service, they show a similar decline.

Dr. Michael von Magnus, chief surgeon of the National Health Service, says: "It is our impression that people's fears of becoming infected with AIDS have caused them to change their sexual habits. However, we do not yet know enough about the population's knowledge of AIDS to substantiate this. For example, we cannot see from the statistics whether the decline took place among the homosexuals, who constitute a risk group. For this purpose, we need thorough studies which will give us an idea of the effect of AIDS on the population."

The National Health Service has just received 2 million kroner from the Ministry of Interior, and the funds will be spent on a study of people's sexual habits and relation to the AIDS disease.

In Sweden, a major study of the sexual habits of Swedes was recently published, and it showed that many unmarried people abstained from sexual relations on account of fears of AIDS.

The statistics on venereal diseases confirm the change in the sexual habits of Swedes and show a marked decline in the number of venereal disease cases.

DENMARK

BRIEFS

AIDS CASE STATISTICS ISSUED--By the end of the second half of 1986, a total of 93 cases of AIDS were reported in Denmark, and more than half of the patients died. A report from the National Serum Institute shows that 65 of the 93 Danish AIDS cases were ascertained in Copenhagen and at Frederiksberg. In 83 cases, it was a question of homosexual/bisexual men. AIDS was ascertained in two women. One had contracted the disease via a blood transfusion, the other through heterosexual contact. [Text] [Copenhagen BERLINGSKE TIDENDE in Danish 3 Sep 86 p 6] 7262

CSO: 5400/2562

DENMARK/GREENLAND

HEPATITIS-B DESCRIBED AS DANGER TO POPULATION

Godthaab GRØNLANDSPOSTEN in Danish 31 Jul 86 p 6

[Text] Dr. Ove Rosing Olsen points out that he has not said that hepatitis-B is the most dangerous disease in Greenland but that it is one of the major health problems.

Hepatitis, which is prevalent in Greenland, may be divided into two forms: hepatitis caused by the A-virus and hepatitis caused by the B-virus. In the early seventies, there were many cases of hepatitis in Greenland caused by the A-virus. Hepatitis caused by the B-virus was known already in the sixties, when people in the outlying districts and various settlements suffered from the disease.

"The hepatitis that prevails right now is due to the B-virus. The skin and the whites of the eyes of those who have contracted the disease become yellow. The patients feel nauseated, ill and fatigued. Their urine becomes dark and their stools light-colored," Dr. Ove Rosing Olsen, a physician at Sisimiut, tells GRØNLANDSPOSTEN.

The incubation periods of the two forms of hepatitis are different. Jaundice, which is caused by the A-virus, has an incubation period of 2 weeks, whereas hepatitis caused by the B-virus only erupts 8-10 weeks after the patient has become infected with the disease.

A total of 2,300 inhabitants of Sisimiut have been examined for hepatitis. The examinations of the population, in which Dr. Ove Rosing Olsen himself participated, have just been concluded. The examinations showed that 10 percent of the population at Sisimiut carries the B-virus. The reasons for the examinations was the increasing number of cases of hepatitis in recent years among the population of Sisimiut. During the years from 1979 to 1985, there were 3 deaths, caused by hepatitis-B.

"Very few of those infected with the disease have an idea that they have become infected, viz. only 10 percent of the infected. The disease may have a profound effect on some patients and may prove fatal," Dr. Ove Rosing Olsen says.

Against the background of the examinations at Sisimiut, it has been found that hepatitis-B is more prevalent among young people, among those between the ages of 15 to 30.

Use Condom!

Simultaneously with the examinations for the B-virus, examinations were also carried out among the population for the AIDS-virus and to find out whether the persons examined had had previous venereal diseases.

"The examinations showed that carriers of the B-virus had had previous venereal diseases. This does not mean that if a person has had previous venereal diseases, he will automatically get the B-virus," says Dr. Ove Rosing Olsen.

B-virus and AIDS infections are passed on in a very similar manner, viz. via the blood.

"Fortunately, we did not find a single person with the AIDS-virus among those whom we examined. I can also add that the B-virus is not nearly as dangerous as AIDS," says Dr. Ove Rosing Olsen.

But he, moreover, adds that the study, furthermore, has shown that the B-virus infection is also transmitted via sexual intercourse.

"Since hepatitis-B is also a venereal disease, I urge people to consider their sexual habits. People who do not have permanent partners will provide themselves with extra protection by using condoms," says Dr. Ove Rosing Olsen, adding that the use of condoms, moreover, gives protection against all forms of venereal diseases.

There Is a Vaccine

There is a vaccine against the B-virus. A single vaccination covers 3 years. But it is very expensive, approximately 1,500 kroner for one vaccination. Dr. Ove Rosing Olsen says that it will be expensive for the society if everybody in Greenland were to become vaccinated. It, therefore, is primarily the risk group that has to be vaccinated.

"A pregnant woman may, moreover, pass the infection on to her unborn child, as the child can only be vaccinated after birth," says Dr. Ove Rosing Olsen.

He, finally, wishes to point out once more that the quotations of his statements in the radio news broadcast and in GRØNLANDSPOSTEN are erroneous. He has not stated that hepatitis-B is the most dangerous disease in Greenland but has said that the B-virus poses one of the major health problems in the country.

7262

CSO: 5400/2562

GREECE

BRIEFS

AIDS STATISTICS, MEASURES--Thus far, AIDS cases in Greece amount to 25, and 18 persons have died of the disease. This statement was made by Dr Kallinikos, member of the scientific commission of the AIDS Research Center, at a meeting of the members of Attiki correctional institutions. The meeting was called to discuss the adoption of the necessary measures to protect the health of guards and prisoners against the disease. The physician spoke about the measures that must be adopted and stated that the check-ups of the Korydallos prison inmates have all been negative and that there is no reason for panic. Among other measures, the guards proposed the following: compulsory examination of all new inmates; examination of inmates and guards at regular intervals; prompt transfer of inmates already suffering from the disease to the Infectious Diseases Hospital. The guards also asked the minister of justice to: create special centers within the prisons for those inmates who are carriers of AIDS or who are suffering from it; to place those inmates who are carriers in jails with individual cells and courtyards. [Text] [Athens I KATHIMERINI in Greek 9 Sep 86 p 8] /8309

CSO: 5400/2565

INDIA

BRIEFS

ASSAM ENCEPHALITIS DEATHS--Guwahati, Aug. 22 (UNI): Eighteen persons died of encephalitis in Jorhat district of Assam during the past few days, according to the minister of state for health, Mr. Abhijit Sarma. In a statement, Mr Sarma said a team of doctors from Assam Medical College, Dibrugarh, had already visited the affected areas. Another team of doctors would visit Jorhat shortly, he added. As a precautionary step more squads have been rushed to Jorhat for DDT spray, he said. [Text] [Calcutta THE TELEGRAPH in English 23 Aug 86 p 5] /13046

CONJUNCTIVITIS IN DELHI--New Delhi, Aug 12 (UNI): Conjunctivitis is back on a large scale here. Hundreds of cases have been reported to various city hospitals during the past two months and experts say it has taken on an epidemic form, though not on the same scale as in 1981. The All India Institute of Medical Sciences (AIIMS), treated 185 cases in June this year and 340 in July. "The disease is there in a noticeable form, but it hasn't taken the severe form it took five years ago when the entire country was engulfed by conjunctivitis," Dr Madan Mohan, chief of the Dr Rajendra Prasad Centre for Ophthalmology at AIIMS, told UNI today. [Text] [Calcutta THE TELEGRAPH in English 13 Aug 86 p 5] /13046

POLIO DEATHS REPORTED--Bombay, August 19: The health department of the state government reported 12 deaths due to polio attack during first week of August. [Text] [Bombay THE TIMES OF INDIA in English 20 Aug 86 p 5] /13046

HIMACHAL PRADESH GOITER INCIDENCE--Goitre Incidence (TOINS from Simla: Goitre and iodine deficiency disorders are on the increase in Himachal Pradesh, according to a recent survey. Speaking at the opening of a two-day workshop on iodine deficiency disorders (IDD) here on Wednesday the Himachal minister of state for health said that in Kangra Valley alone about 100,000 persons were afflicted with this scourge. The rate of incidence of such disorders was from two to five per cent. He said 20 per cent of children in the age-group 12-14, 17 per cent in the age-group 9-11 and 18 per cent in the age group 6-8 years were affected. The chief minister, Mr. Virbhadra Singh, expressed satisfaction that the IDD control programme launched in 1984 in collaboration with UNICEF had shown encouraging results. The chief minister noted that IDD control technology was well established and did not require enormous financial investment. But goitre control was not a "massive once-for-all" effort. It required sustained vigilance over a long period. The disease

being a non-killer received scant attention from the bureaucracy and health administrators. Ignorance on the part of the public and apathy at the official level thus made the hazards of IDD a "non-issue." [Text] [Bombay THE TIMES OF INDIA in English 13 Aug 86 p 7] /13046

BIHAR CHOLERA DEATHS—Nalanda (Bihar), Aug 18—At least 40 people have died of cholera in the district during the past fortnight, authorities said quoting reports reaching from villages. The worst affected villages were Belar, Apsar, Pachgana, Samay, Caimpara, Simari, Nuridchak and Chandinama, report agencies. Lack of preventive measures like disinfecting wells and providing people immunity through cholera vaccines have further worsened the situation. The sources also alleged that saline water bottles were being sold at exorbitant rates. [Text] [New Delhi PATRIOT in English 19 Aug 86 p 6] /13046

CONFIRMED AIDS CASES—New Delhi, Aug. 13. In all 19 cases of positive AIDS infection have been confirmed in the country following screening of 6629 persons in the "high risk group" as on July 31 last. Of this, two are "full blown" case two, "AIDS related complex" and the remaining 15 are "carriers", the Minister of State for Health, Miss Saroj Khaparde, told the Rajya Sabha during question time today. As many as 53 kits were imported through the World Health Organisation for 5088 tests in May and they have been given to 12 surveillance centres and four referral centres under the National AIDS Control Programme. The kits cost \$8,677 (Rs. 1.13 lakhs) and orders for another 209 kits, for 20,064 tests, have already been placed, she said. There is no indication about any steep decline in blood donation in view of the AIDS scare, Miss Khaparde said and denied that the TV programmes on the disease created a scare. [Excerpt] [Madras THE HINDU in English 14 Aug 86 p 6] /13046

LEPROSY STATISTICS—About 3.95 million leprosy cases have been estimated in the country, the Minister said. The maximum of 7.33 lakh cases are in Tamil Nadu, followed by Andhra Pradesh with 6.28 lakh cases, Maharashtra (4 lakhs), Uttar Pradesh (4.20 lakhs) and West Bengal (4.30 lakhs) are other States where leprosy patients are in large number. The Union Territory of Chandigarh does not have a single case. [Excerpt] [Madras THE HINDU in English 14 Aug 86 p 6] /13046

CSO: 5450/0200

IRELAND

WIDESPREAD CONTAMINATION OF CREAM, ICE CREAM FOUND

Dublin IRISH INDEPENDENT in English 9 Aug 86 p 3

[Article by Willie Dillon]

[Text] A high percentage of cream and ice cream samples taken from shops, restaurants and manufacturing premises by Dublin health inspectors had some form of contamination.

Some two dozen samples, mainly of cream, out of a total of almost 300 had clear evidence of dangerous infection by faecal bacteria from human or animal body waste.

The figures are revealed in the annual report of Dublin city's chief environmental health officer, Con Healy.

Of 167 cream samples examined, more than three quarters had "presumptive coliforms" — clear evidence of contamination of some kind but where no further tests were carried out to isolate the particular organisms.

However, 21 specific samples were found to contain varying levels of dangerous faecal bacteria, mostly the result of being handled by people with poor standards of personal hygiene. The cream samples were taken during last year from 99 different outlets, including shops, restaurants, hotels, licensed premises and manufacturing centres.

Health experts looked at 114 samples of whipped ice cream taken throughout the city, of which almost

half had unsatisfactory levels of presumptive coliforms, with a further seven per cent showing "tolerable" levels. In three specific cases, faecal bacteria were discovered.

Mr. Healy said last night that the presence of faecal coliforms was an indication of bad hygiene, for example if somebody had gone to the toilet and failed to wash their hands before handling food.

The report says that, of other foods taken from shops, seven samples of dates were found to contain live or dead insects, including fruit and grain beetles, moth larva and beetle larva.

One packet of dessert dates included a substantial portion of an ant and the thorax of another insect.

Three samples of sesame seeds were found to contain insect faecal pellets and one dead insect.

Seven samples of brown lentils were infested with live and dead weevils. Because of the infestation problems associated with brown lentils, which were predominantly sold at health food shops, many retailers had discontinued stocking the product.

More than 14,000 food hygiene inspections were carried out in Dublin during the year, most of them in restaurants, shops, stalls and public houses.

There were 150 complaints from the public, resulting in five prosecutions and 86 warning letters, a further 39 routine prosecutions resulted in fines being imposed totalling £4,200.

/13046
CSO: 5440/125

IRELAND

AUTHORITIES SEEK POWER TO CLOSE UNHEALTHY FACILITIES

Dublin IRISH INDEPENDENT in English 4 Sep 86 p 3

[Article by Tony O'Brien]

[Text]

RESTAURANTS and shops which could pose a health risk to the public cannot be shut down immediately by the authorities. Now Environmental Health Officers are seeking tougher powers in their battle against food premises which flout the hygiene regulations.

"There have been situations where premises which should be closed down because of a risk to the public continue to operate because the law allows them to", our leading official revealed.

The Environmental Health Officers say that the public are under the mistaken impression that they have power to close food premises which present a serious threat to health.

But all the officers can do is prosecute through the courts under the Food Hygiene Regulations where a defendant may be heavily fined.

"It is not the penalties imposed by the District Justice which most defendants fear but the adverse

publicity which ensues", an editorial in the Association's journal states.

To what extent this publicity affects the business of the person involved was difficult to assess but, the editorial added: "Very few of these food proprietors prosecuted have ceased trading due to unfavourable publicity."

POWER

In many cases the District Justices have said that they would like to have the power to close food premises which were particularly unhygienic but this authority rests with the Minister for Health.

Two premises had been

closed by Ministerial Order recently — a bakery and a grocery shop — one had ceased business but the other appealed and the Minister revoked the closing order because the premises had improved.

"In welcoming the action by the Minister in these two cases we must point out that the procedure is slow and inefficient", the editorial stated.

The Association said it had asked the Minister to change the law and give closure powers to the courts because "this would enable Environmental Health Officers to quickly and easily petition for a closing order."

/9274

CSO: 5440/001

MOZAMBIQUE

VACCINATION CAMPAIGN REACHES ILHA DE INHACA

Maputo NOTICIAS in Portuguese 14 Jul 86 p 2

[Text] A team from the Maputo Health Authority has been at Ilha de Inhaca since last Tuesday as part of the vaccination program that has been under way at the capital since last April. The program is continuing in the city on the basis of a door-to-door effort in all of the boroughs, and has led to an increase in the number of mothers and pregnant women appearing at the health centers.

The team consists of four people from the Mother and Child, the Nutritional, the School Health, and the Vaccination Services working at the Health Center at Inhaca, as well in all of the island's boroughs.

According to health sources, the effort in that section of the city of Maputo consists of a door-to-door campaign aimed at verifying the degree of compliance with health assistance schedules, vaccination of children and pregnant women, and explanation to residents of the program's importance.

In parallel with the orientation given by the Maputo health authorities, secondary school children, through coordination with political organizations and the Mozambican Red Cross, are visiting families in the boroughs where the students' schools are located in order to process health assistance forms, as part of the vaccination program.

Students from the eleventh grade at the Francisco Manyanga School recently carried out a campaign from door to door on every block of the borough of Alto Mae "B", where it had been determined that there were cases of failure to comply with vaccination schedules.

Odete Silva, a geography teacher and head of the eleventh grade, who is also responsible for the vaccination program, said that the campaign was carried out by 300 students, and achieved a 97 percent coverage rate in the 47-block area of that residential zone.

She explained that there are some people in the borough who do not appreciate the importance of vaccination for children and pregnant women, a fact that emerged from the students' visits during the campaign.

Odete Silva emphasized the need for a major information program on the part of the health and hygiene authorities in the boroughs, using all entities available, and on a permanent basis. "Public health cannot be protected only through sporadic vaccination campaigns. What is needed is for every citizen to take responsibility for his own health and that of others on a permanent basis," she said.

Speaking of the participation of the students in the campaign, she said that they became very interested, and saw the need for other actions of the same kind. They realize that this type of effort creates a bond between the school and the community.

Odete Silva said that the campaign was useful for the students also because it allowed them to become familiar with the problems of overpopulation, and with the importance of medicine in the reduction of infant mortality, issues they had already studied in class in relation to population distribution.

She also pointed out that, in spite of the interest shown by all of the eleventh grade students in participating in the campaign, it was not easy to get them organized; since they are all in their last school year, they saw the campaign as requiring time they needed for their studies.

Meanwhile, the secretary of the Awareness Group of Alto Mae "B," Castelo Frenque, told our reporter that, during the door-to-door campaign carried out in coordination with the students, 20 cases were found of women who had not complied with the pre-natal program, and 25 unvaccinated children were identified.

"We urged these people to go to the health center at Alto Mae where they had already been to set up their health schedule," said Castelo Frenque, adding that plans have already been made for visits to families that were not at home during the campaign.

According to what we were told by Antonio dos Santos Mangove, head of health and housing in the borough of Malhangalene "A," preparations have already been made for a door-to-door campaign in that residential zone of the capital. There will be a meeting next week of all of the block chiefs of the borough to kick off the operation, since "that is where the people are."

He added that plans have been made to work with the local health center in order to establish the schedule for the campaign there.

Meanwhile, today, in the Cimento "B" section of the Pola borough, a door-to-door campaign is about to begin utilizing 15 teams.

According to Marcela Carlos, a permanent member of the Awareness Group of that residential zone, the effort will involve all 46 blocks of the borough, and will include members of the local health team. "Right now, we are trying to contact the local organization so that the block chiefs can work with the teams," said Marcela Carlos.

In order to insure the success of the program, the women of the borough are preparing to meet with the staffs of the local OMM's to explain the importance of the program.

"We think that this program is going to lead to more involvement on the part of the women in the borough in the vaccination program," said Marcela Carlos, citing the work of OMM in creating interest on the part of the borough's women.

Meanwhile, the registration of mothers and pregnant women at Maputo's health centers is on the increase. This increased involvement is ascribed in large measure to the heightened awareness created by the local political organizations in collaboration with the people of the borough.

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CSO: 5400/166

MOZAMBIQUE

MOSQUITO ERADICATION CAMPAIGN IN FIVE AREAS

Maputo NOTICIAS in Portuguese 16 Jul 86 p 8

[Article by Felisberto Matusse: "Fight Against Mosquitos Reduces Malaria"]

[Text] Positive results are being achieved in the cities of Maputo, Beira, Nampula, Moatize, and in the Vale do Limpopo in the mosquito control program begun last year by the Ministry of Health; the mosquito is the carrier of malaria. With the help of the World Health Organization in Maputo, and of the USSR, the campaign protects the approximately 1.5 million people living in those areas.

The mosquito control program, known technically as the "Anti-vector Campaign," was launched in 1985 in five economically important cities and zones in cooperation with the Soviet Union, which made available 100 tons of DDT. Analyses of the resulting data, carried out by the National Institute of Health, show a reduction in the number of cases of cloroquine-resistant malaria in Maputo.

The aim of the program is the maximum reduction of deaths due to malaria, and a similar reduction in the rate of propagation of the mosquito larvae.

This year the range of the program will be increased to include other parts of the country. In Maputo, operations are planned for the boroughs of Matola, Machava, Urbanizacao, Aeroporto, and Zonas Verdes, all of these considered to be high density zones in terms of the number of mosquitoes that are carriers of malaria.

The use of DDT is considered by specialists to be highly effective and economical.

The campaign waged by the health authorities of the country against the malaria-carrying mosquito is a reaction to the increase in the number of cases of cloroquine-resistant malaria over the past several years, recorded in great numbers of the various health centers.

The first cases of resistant malaria were registered and verified in Maputo in 1983, and in subsequent years there has been evidence of a widening propagation of larvae in other provinces.

As a result, a study has been made of cloroquine-resistant plasma, a longitudinal study was conducted within a limited area, and techniques for the detection and treatment of cloroquine-resistant cases were defined.

At the same time that the mosquito campaign was begun, the country's health authorities concentrated on the replenishment of stocks of medication for malaria treatment.

In Mozambique there are only three types of mosquito that carry malaria, and these are the targets of the campaign.

Health authorities responsible for the execution of the program told our reporters that the success of the campaign depends in large measure upon the effective action of the local executive councils of the provincial governments.

In Maputo, where some doctors have had the opportunity to monitor closely the execution of the campaign in Polana-Canico, Costa do Sol, Triunfo, Pescadores, Luis Cabral, Jardim, Dimitrov, Bagamoyo, and a section of Avenida 24 de Julho, they say that the participation of the people was quite positive.

It is normally difficult to track the same people for diagnostic purposes every three months, but, in the capital, people from the selected areas have responded positively, according to the health authorities.

In a study of residents of the areas covered by the program, it was confirmed that a substantial reduction in cases of malaria was registered.

Health sources feel that the periodic use of DDT should be permanent, and the health agencies need considerable support from state and political sources in order to be able to control malaria over the long term.

From the health standpoint, the mosquito campaign has to be given equal priority with other long term health programs, since malaria, along with tuberculosis and respiratory illnesses, continues to be the principal reason for medical treatment in this country.

The simplest method for treating malaria, through the use of cloroquine, is also the least expensive. Other treatments are increasingly less economical.

A specialist from the National Institute of Health said that the use of cloroquine costs only 10 cents per treatment, while a second method costs 60 cents, and a third \$7.25.

12857/9190
CSO: 5400/166

MOZAMBIQUE

BRIEFS

CHILDREN VACCINATED IN MANDLAKAZE--More than 5000 children from the Mandlakaze district of Gaza were vaccinated against measles and tuberculosis during the past 6 months as part of the vaccination campaign in that province. This information was provided by the district director of health, Anselmo Lopes. The number of people reached was made possible through a mobilization and orientation effort among the population of that area; awareness was created of the need for and importance of the vaccination campaign that had been mounted by the people's democratic organizations, especially the Mozambican Women's Organization. Anselmo Lopes said that during the past 6 months it had not been possible to cover all of the localities of the Mandlakaze district due to shortages of vaccines and means of transport for the Preventive Medicine agents. He added that during the next 6 months efforts will be made to reach all of the localities in the district. He told us that during the first 6 months only the children in Macuacua, Chalala, Laranjeiras, Macupulane, Chitlalo, and the Educational Center at Mangunze were vaccinated. Also, during that time period it was not possible to vaccinate children who were entering grade school for the first time, due to a lack of antitetanus vaccine. [Text] [Maputo NOTICIAS in Portuguese 9 Aug 86 p 8] 12857/9190

500 PEOPLE VACCINATED IN TETE--More than 500 people were vaccinated in Tete as part of the vaccination campaign currently under way there. News from Tete indicates that the campaign will be extended to include the districts of Changara, Cahora Bassa, and Moatize, where the campaign was begun on 1 July of this year. The campaign in the Magoe district was begun some days ago, but the vaccination teams have transportation problems which, if they are not resolved, could compromise the vaccination efforts in that region. The campaign is aimed at all children up to the age of 24 months, and includes pregnant women, who will be vaccinated against tetanus. [Text] [Maputo NOTICIAS in Portuguese 12 Aug 86 p 3] 12857/9190

CSO: 5400/180

QATAR

STATISTICS ON MENTAL HEALTH

Doha AL-'AHD in Arabic 1 Jul 86 pp 4-6

[Excerpts] Only specialists and practitioners can give a true picture of our society's mental health. For this reason, this reporter called on Dr Amin 'Ali Nadim, consulting psychiatrist and head of psychiatry at Hamad General Hospital. Dr Nadim pointed out that there are, of course, no mental health diseases endemic to Qatar. Those found here are the same as those in other societies.

Dr Nadim went on to say that a study had been conducted on 483 new cases visiting the psychiatric clinic for the first time and the results show that the incidence of mental disease is not high in Qatar. Other results may be summarized as follows:

-Most patients are married males.

-More than one half of the cases were suffering from depression and anxiety.

-Of the 438 cases making up the study group 75 required hospitalization since the symptoms were obvious and acute.

-Of the 75 cases that had to be hospitalized most were foreigners, not Qataris.

This is because Qataris have their own families that can offer therapy and obviate the need for hospitalization, specially since in certain cases families, in addition to some guidance, can provide an appropriate environment for treatment.

-The incidence of mental disease was higher among Qataris than foreigners. This is an anomaly brought out by the study, since it is generally accepted that there is a higher rate of mental disease among foreigners than nationals. In Qatar the contrary is the case.

-With regards to foreigners, among the 438 cases there were more Asians than Arabs. Arabs, when they relocate, are coming to an environment similar to their own and speak the same language which reduces pressures and stress. That is not the case with Asians. It has been established that many Asians suffer

from mental or psychiatric disorders during the first week of their arrival. While Arabs can communicate and comprehend each other, Asians have very different habits and customs.

-It has been discovered that Qatari women have a higher incidence of mental disease than men, although most of the patients were married men. The reasons for this high rate of mental disease in Qatari women are:

-Polygamy.

-Isolation of Qatari women under certain circumstances and lack of recreation. It must be pointed out on the other hand that these figures are not exclusive to Qatari society. They are true of most societies especially since there are mental illnesses that are specific to women such as those related to pregnancy, childbirth, and post partum anxieties. This explains why women suffer more from mental illness than men.

Dr Nadim went on to say that monthly statistics are collected to show a clearer picture and facilitate establishing a psychiatric scenario. Last April there were 919 cases of which 86 were old cases and 833 were new patients coming in for the first time.

There were 593 males and 326 females. The mental illnesses can be classified as follows: 90 cases of schizophrenia; 209 cases of depression; 15 cases of mania; 19 psychological illnesses brought on by some physical ailment; 173 cases of anxiety; 43 cases of hysteria; 9 cases of hypochondria; 71 cases of emotional depression; 5 cases of personality disorder; 12 cases of alcoholism; 147 cases of mental retardation; 3 cases of insanity; one case of child mental disorder; one case of child anxiety; 3 cases of sexual dysfunction and one case of post-partum psychosis. The meeting with Dr Nadim was replete with facts and figures, and so I called on Dr Khalil Fadil psychiatric consultant at Hamad General Hospital who stated that some of the illnesses of patients he has seen are psychosomatic, that is mental illnesses with physical symptoms. One of the cases that interested him involved a 30 year old female patient who had paid several visits to outpatient clinics, health centers and Hamad General Hospital. A check revealed that she had made a total of 11 visits. In each case she had complained of abdominal pain. Initial examinations led to a diagnosis of some gallbladder disorder, and tests were ordered with every indication being that the gallbladder was the trouble. However a doctor in the accident emergency ward hit upon the truth of the matter and concluded that there was nothing wrong with the patient's gallbladder. He wrote that he believed the patient in question was suffering from depression. She was referred to the psychiatric clinic where Dr Fadil was able to trace her full case history. The doctor began acupuncture treatment stimulating the nerve endings using a small device operating on 2.5 volts. The device allows the body to secrete endorphin which is the natural morphine secreted by the brain and marrow. That was the first time the device was used in Qatar although it is an innovative method used in many parts of the world.

The device is now available in Qatar. The treatment has been endorsed by the British Medical Association and has been highly successful and effective in

treating many other physical ailments of a psychosomatic nature, such as asthma, stomach ulcers, eczema, skin diseases and colitis as well as many other types of pain such as those of the legs and back and angina.

The reason why there is such a high incidence of psychosomatic diseases is that people in the Arab world have learned not to express their sorrows outwardly but to repress them, ultimately leading to such ailments. Arabs in general believe that all their complaints are physical, failing to realize that they could be purely psychological.

Dr Fadil was asked what are the most common ailments other than these psychosomatic diseases and replied that depression appears to be the most common in various nationalities and age groups, with hysteria being more noticeable in Asian communities particularly in married men who have not brought their wives with them. The symptoms disappear once the patients know their date of departure even if due to dismissal. The disorder can be quite acute bordering on insanity with the patient for example standing on one leg for hours one end, or stripping naked in public or not caring about anything, even appearance or personal cleanliness. Once admitted to the hospital, such patients are prescribed one of three types of sedatives. The next day they are told that their jobs have been terminated. The hysteria demonstrated in such cases a subconscious, defensive ruse designed to bring about the termination of the patient's job and his eventual repatriation. It is a subconscious expression of a deep rooted desire to leave. When the subconscious gains dominance over the conscious mind, symptoms of the disorder begin to manifest themselves in the subconscious desire to go home.

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CSO: 5400/4517

SOUTH AFRICA

BRIEFS

MEASLES IMMUNIZATION CAMPAIGN--Residents of Port Elizabeth's black townships have responded well to an immunisation campaign against measles following an outbreak which has resulted in at least one death so far. However, a spokesman for the City Health Department said today there was no question of a measles epidemic. "In fact, for the first time in two months, there has been a decline in the number of people treated for measles in the Port Elizabeth area," he said. Only 14 new cases--13 black children and one white child--were reported last week. This was the lowest figure in a two-month period. A total of 720 children had been immunised in New Brighton, Kwazakele and Zwide last week. [Text] [Port Elizabeth EVENING POST in English 26 Aug 86 p 12] /13046

CSO: 5400/197

UGANDA

BRIEFS

SLEEPING SICKNESS IN JINJA—Six people are reported to have died of sleeping sickness and 250 are diagnosed as victims of the disease. The Ministry of Health has despatched Dr. Othieno in an effort to combat the epidemic which according to the District Medical Officer Jinja Dr. Okecho Okoth is being controlled. Reporting the incident to the district team and planning committee recently, Dr. Okech said government was trying to combat the disease by mobilising funds to purchase drugs, avail transport, blankets. He, however, regretted that chiefs were not co-operative in the mobilisation of the people who are not cutting grass around their homes. Resistance Committees are involved in mobilising the people. A grass specie called Kapanga is an ideal habitat for tsetse flies, and is common in the district. Meanwhile the Medical Superintendent Jinja Hospital has said 2 patients admitted in the hospital are suspected to be suffering from AIDS. [Text] [Kampala FINANCIAL TIMES in English 23 Aug 86 p 1] [Article by Opara Angala] /13104

RABIES IN KAMPALA—Rabies has broken out in Kampala. The number of rabid dogs is increasing rapidly. Nearly 200 people have been confirmed victims since January this year by the Animal Clinic of the Veterinary Services, Wandegaya. In the last three months the clinic is reported to have been handling a minimum of 14 victims of dog bites daily, 20 of whom confirmed rabid cases each month. Doctors at the animal clinic say rabisin, a vaccine which treats rabid dogs is available. But they do not treat rabies victims. The clinic only studies and reviews rabies cases and finally recommends them to Mulago Hospital. The doctors were disappointed that most often patients were turned out due to lack of drugs. But the same drugs, anti-rabies and serum vaccine were available in private clinics in town. "Our concern about Mulago is that it must ensure that there is vaccine. Patients have most often accused us of foul play saying that we had deliberately refused to treat them," another doctor said. [Text] [Kampala New Vision in English 29 Aug 86 p 1] [Article by Festo Ebongu] /13104

CSO: 5400/198

UNITED KINGDOM

MENINGITIS THREAT GROWS; NEW VACCINE TO BE TESTED

Figures on Spread

Edinburgh THE SCOTSMAN in English 14 Aug 86 p 9

[Text]

The growing menace of meningitis was confirmed by official figures released yesterday. They show the brain disease is spreading in clusters over Britain and Health Department specialists believe that by the end of the year 800 people will have suffered from its most serious form.

So far this year 539 cases of the disease have been reported, compared with 363 last year and 280 in 1984.

It had been thought that the latest increase was confined to the Stroud area in Gloucestershire, where two children have died this year. But the new figures show that places as far apart as Cornwall, Kent, the Wirral, South Tees and Fife are affected.

The figures, which cover the period from the beginning of the year until August 1, and relate to the meningococcal form of meningitis, put Stroud at the top of the table with seven cases and a disease rate of 6.76 per 100,000 population.

But Carrick in Cornwall comes a close second with five cases and a rate of 6.45. Tunbridge and Malling in Kent is third with five cases and a rate of five, followed by Colchester in Essex with six cases and a rate of 4.24, the Wirral with 14 cases and a rate of 4.15, Langbough in South Tees six cases and a rate of 4.03, and St Helens with six cases and a rate of 3.78.

In addition, an outbreak of a different strain of the disease

has hit North Staffordshire, claiming the lives of three youngsters in recent months. In total, 14 cases of the disease have been treated in that area in the last six months — double last year's figure.

Other affected areas shown in yesterday's figures are: Croydon (ten cases, rate 3.14); Leeds (21 cases, rate 2.95); Bristol (ten cases, rate 2.52); Bradford (11 cases, rate 2.37); Plymouth (six cases, rate 2.35); Walsall (five cases, rate 1.89); Greater Manchester (47 cases, rate 1.82); and Birmingham (12 cases, rate 1.19).

A DHSS spokeswoman said: "It is a disease that goes in clusters. There has certainly been an increase in the number of cases in the first six months of this year compared with the same period last year." But she stressed that other outbreaks had been worse.

Family doctors in Fife have been asked to be on the alert for the disease after a big increase in cases. The importance of a "high level of suspicion" has been emphasized to GPs by Fife Health Board community medicine specialist, Dr Ian Jones, and a senior registrar, Dr Drew Walker.

Two cases brought the total to 11 this year compared with three in 1985. Earlier this year a 12-year-old North-east Fife boy died of the disease, but all the other victims have made a good recovery, according to the health board.

Vaccine Controversy

London DAILY TELEGRAPH in English 19 Aug 86 p 4

[Article by Sarah Thompson]

[Text] [Editor's note included]

A NEW vaccine against the most virulent strain of the brain membrane disease meningitis is to be tested on patients in Britain soon.

Dr Dennis Jones, director of the Public Health Service laboratories in Manchester, said that a pilot batch of the American-developed vaccine would be produced at Porton Down, the Ministry of Defence laboratory near Bristol, some time in September.

He denied claims by a support group for meningitis victims in Stroud, Gloucestershire, that the vaccine was "sitting ready and waiting on the shelves" at Porton Down while children in Gloucestershire fell victim to the disease.

Dr Jones added: "This outbreak is much overstated. There are usually between 400 and 500 cases of the disease a year. We have now seen 559 reported this year and I guess we may see a total of 800 by the end of the year — less than the 1,200 total in 1974."

The new vaccine, developed by Dr Carl Frasch of Bethesda, Maryland, America, has already been made at a military hospital in Washington DC. It has been tested for toxicity — dangerous side effects — in South Africa and so far tests seemed "very favourable," said Dr Jones.

Clinical trials on the vaccine, which combats the virulent B15 meningococcal strain of the disease, are to go ahead in Norway this winter. But the Health Department in Britain stressed that it would be more than a year before any vaccine is available for general use in this country.

Princess's visit

Parents at a Gloucestershire primary school where three children have caught meningococcal meningitis—one of whom, seven-year-old Christopher Knight, died of it—are threatening to boycott a visit by Princess Anne unless the school is "tested" for meningitis bacteria.

Mr Mike Squibb, organiser of a parents' action group at the 450-pupil Park Junior School, Stonehouse, near Stroud, said: "We want full and complete checks on the building."

A South Western Regional Health Authority spokesman said: "There is nothing to be gained by testing the school buildings. Meningococcal meningitis is carried from person to person by droplets, not through a water supply or in a building."

[In an earlier story on 18 August, page 3, the DAILY TELEGRAPH noted in part:]

[The Meningitis Support Group in Stroud, Gloucestershire, where three people have died of the brain disease since 1981, says that the vaccine could be used in clinical trials on patients within 28 days.

[However, the Government said yesterday that the vaccine was at an experimental stage and that trials could not be expected for another 12 months.

[Norway, which is experiencing an outbreak similar to that in Britain, has already begun clinical trials involving 20,000 people.

[Mr Steve Tomlin, secretary of the support group, said: "Extremely reliable sources have confirmed for us that a vaccine, made up on the instructions of Dr Carl Frasch, the American expert who developed it, is bottled and ready at Porton down."

[It seems that the Americans and the Norwegian Government can work together much more quickly and effectively than our own.]

Genetic-Link Finding

London DAILY TELEGRAPH in English 21 Aug 86 p 4

[Article by Sarah Thompson]

[Text]

FAMILIES in the Stroud area of Gloucestershire, where a current surge in meningitis is concentrated, may soon be tested for genetic factors which, scientists believe, predispose certain people to the infection.

Five years of research at Edinburgh University and Edinburgh City Hospital now suggests that up to 25 per cent of people do not secrete natural defence organisms called antigens from their blood into other body fluids such as saliva.

These people, the "non-secretors", are more likely to catch meningitis, and the disposition, like a person's blood group, is passed through families. The research showed that 69 per cent of meningitis patients were non-secretors.

Dr Ray Brettle, of the infectious diseases unit at the City Hospital, said: "The crucial initial stage in developing meningitis is when the bacteria manage to colonise a person's body. For the most people, the antigens prevent this happening, though we don't understand exactly how.

Tests probable

"Our discovery will help to debunk some of the myths and mystique about the Stroud epidemic.

"It may turn out that people in the area are genetically more likely to be non-secretors.

In the next few months a vaccine for the most virulent strain of meningitis will be prepared at the Public Health Laboratory Service's centre for applied microbiology and research at Porton Down, near Salisbury.

Dr Brettle added: "Theoretically, our discovery could mean that if supplies of vaccine were limited we would know who should get it first—but that would be politically unacceptable, especially to the people in Stroud.

"We will probably offer to do some tests on people in Stroud. But in fact any competent blood bank service could do it."

Eighty-six people have died of meningitis in Britain this year, out of a total of 540 cases. In the Stroud area there have been three deaths since 1981 and six people this year have caught the disease.

/13046

CSO: 5440/126

UNITED KINGDOM

BRIEFS

WHOOPING COUGH THREAT—A second epidemic of whooping cough this year is likely in Yorkshire and Humberside, a health chief warned yesterday. Dr Martin Schweiger, Medical Officer for Leeds Environmental Health Department said that the first outbreak started in Yorkshire at the end of last year. Now a new outbreak appears to have started with six new cases of the disease reported in Leeds last week, compared to a weekly average of two to three cases. In Hull health officials said 31 cases had already been reported in the city this month. Dr Schweiger said: "Whooping cough epidemics tend to run in three to four-year cycles and seem to have two peaks. Last week we had a large increase in the number of recorded cases, which would suggest we're entering the second peak of the epidemic." Dr Schweiger warned all parents to have their children vaccinated against the disease as soon as possible. [Text] [Leeds YORKSHIRE POST in English 28 Aug 86 p 7] /9274

CSO: 5440/002

ZIMBABWE

NATION ENGAGES IN MASSIVE 'WAR' TO ELIMINATE TSETSE FLY

Harare THE HERALD in English 18 Aug 86 p 9

[Article by Greg Hladky]

[Text] THE phrase "the war against the tsetse" is used all the time, but most people have no idea just how accurate a description it is.

A visit to the frontline of Zimbabwe's effort this year to drive the tsetse fly from 3 500 square kilometres in the north of the country reveals how much it resembles a military campaign.

Field headquarters at the Mount Darwin airstrip has walls of maps showing operational phase lines, target zones, and the areas of the "enemy's" heaviest concentrations.

A small fleet of aircraft, equipped with highly sophisticated radar and navigation systems (some developed for the military), carry out low-level bombing runs using pesticide rather than explosives.

Further east, a small army of ground troops launch land assaults on the enemy's favourite hideouts and daily foot patrols scout through the bush seeking survivors.

Barrier lines of special tsetse-killing traps are set up like minefields to protect cleared areas from re-invasion. Scientific teams are constantly probing for weaknesses in the armour of their stubborn foe and evaluating reconnaissance reports.

The people involved in this battle against the tsetse are as committed as any general could wish for, almost obsessed with the need for final victory.

Zimbabwe's field commander in this war is Mr Brian Hursey, a deputy director in the Veterinary Services Department.

Mr Hursey has an ambition more usually associated with wartime soldiers than with government bureaucrats: he wants to win this battle against the tsetse in Zimbabwe and put himself out of a job.

"I think maybe, in eight years or so, I'll be able to close the door of my office, lock it, and say to everyone: 'There are no more tsetse in Zimbabwe'," Mr Hursey said.

That kind of dedication, and the scientific ingenuity and professionalism

found in the tsetse effort is essential, for the tsetse is a formidable opponent.

The tsetse is superbly equipped to resist man's attempts to destroy it, with defences honed by millions of years of evolution.

For the wild animals with which it evolved, the tsetse is no more than an irritation. But for man and cattle, the sleeping sickness disease it passes as it draws blood from its victims, can be deadly.

The list of man's weapons against the tsetse is impressive: aerial spraying of the pesticide endosulfan; ground spraying of the more persistent insecticide DDT; special traps impregnated with pesticide using lures that simulate ox breath and the colour and motion of the tsetse prey.

Tactics for capturing the tsetse range from sending teams with hand nets to follow oxen through the bush, to special vehicles equipped with electrified screens that stun the fly as it passes.

During an operation scientific teams in bush camps dissect hundreds of captured flies each day to determine their sex, age and reproductive stage. Weather and temperature conditions are carefully monitored, for the spraying must be exactly timed to the fly's reproductive cycle to be effective.

The tsetse campaign is fraught with logistical problems. Placing and servicing thousands of odour-baited traps, establishing bush camps and airstrips, and clearing routes for ground spraying and surveys in remote areas all require new roads and trails.

Mr Hursey estimated that, in preparing for the 1986 tsetse campaign in Zimbabwe, his unit had to bulldoze some 2 000 km of new roads, mostly in remote rural areas.

As in any war, there are questions and complaints about which weapons should be used and how, and about what unintended damage may be caused.

Conservationists worry about the widespread use of pesticides in ecologically-sensitive areas. Wildlife officials are concerned about remote regions being opened up by the tsetse campaign's new roads. And everyone fears what could happen in the newly-cleared areas in the face of uncontrolled settlement, cattle and crop raising.

The use of pesticides does have an effect on the environment, including occasional fish kills in shallow waters and damage to some insect species other than the tsetse. But the tsetse programme officials insist their studies show the impact is very limited and short-term.

The tsetse experts state that the aerial spraying of endosulfan is done by using extremely small amounts. For tsetse, a hectare of land will be sprayed with some 86 g of endosulfan during a single year.

Agricultural users may, in comparison, spread 600-1 000 g of the pesticide per hectare several times each year.

When environmentalists call for more insecticide-impregnated traps to replace the use of DDT ground spraying, tsetse experts warn that the traps are still being developed and their widespread use has not yet been conclusively proven.

Environmental monitoring of the tsetse campaign goes on, and this year's effort has a special team of experts commissioned by the European Economic Community checking

for damage to the ecology.

Mr Hursey and other members of his unit are well aware of both the benefits and potential problems their campaign can cause.

Several expressed sadness that their war may well open the remote wild areas of Zimbabwe, regions they love, to development.

But they insist that the long-term benefits far outweigh the short-term costs, and that their crusade must go on.

/13046
CSO: 5400/197

IRELAND

FUNDS, STEPS IN FIGHT AGAINST BOVINE TB DISCUSSED

Dublin IRISH INDEPENDENT in English 27 Aug 86 p 3

[Article by Gerry Mulligan]

[Text]

THE Government is stepping up the battle against bovine TB in the national herd — a campaign which has cost the taxpayer more than £1,000 million since 1954 — Junior Farm Minister, Mr. Paddy Hegarty told delegates attending the 14th World Congress on

cattle diseases in Dublin yesterday.

However, the leader of the country's veterinary union stressed that government action to renew national testing is long overdue, claiming there is no comprehensive programme to tackle the disease now.

Work carried out by vets to stamp out the disease is going to waste, Mr. Peter Dargan, general secretary of

the Irish Veterinary Union pointed out.

Mr. Hegarty told 900 delegates from 36 countries attending the international congress in Trinity College.

"The next few years will see a major concentration on eliminating bovine TB. While disease prevalence has been reduced to 2.4 per cent of herds, we have found as other countries have, that eradicating TB is a difficult, complex and expensive oper-

ation which in Ireland's case is further complicated by the high volume of cattle movement."

The anti-TB drive last year was the most intensive ever launched, he said. The scheme was now being computerised.

While brucellosis and bovine TB were once the twin scourges of the national herd, there had been notable success in stamping out brucellosis.

The opening day of the conference organised by the Irish Cattle Veterinary Association, heard a report by scientist Dr. K. Pfister of the University of Berne, that a new discovery had been made to combat liver fluke.

A blood test based on an enzyme-linked process would enable infection to be detected after three to six weeks, a major improvement on current techniques.

/9274

CSO: 5440/001

ITALY

MINISTER COMMENTS ON 3-MONTH EC BAN ON MEAT

AU041138 Rome ANSA in English 1045 GMT 4 Aug 86

[Text] (ANSA) Rome, September 4--The decision by the European Community to ban the exports of Italian meat products for three months, because of the spread of foot and mouth disease in Italy, was defined by Fabio Fabbri, minister for community policy coordination, as "severe and strong" and a "grave blow to our economy."

Yesterday, Fabbri called a special meeting of experts to examine the EC measure and said that he was sure that the EC would not underevaluate the damage its measure would have on the Italian economy.

"We do not want to enter into conflict with Brussels," Fabbri said, adding "but it is our duty to defend the vital interests of our economy."

The minister went on to say that the government would work to insure safety standards which would lead to a return to normal activity and end the present state of alarm.

The health administrator for the Friuli-Venezia Giulia region, Gabriele Renzulli, defined the EC action as "unjustified" and recalled that, since the beginning of the year, in four regions alone--Friuli, Veneto, Lombardy and Emilio-Romagna--over 51,000 pigs and 400 cows had been killed after contracting the disease.

Renzulli added that "The EC ban is out of proportion and does not take into account the efforts which have been made by local officials."

Agricultural Minister Filippo Maria Pandolfi announced yesterday that special arrangements would be made to store meat from areas exposed to the disease as soon as possible and a note from the Agricultural Ministry added that Pandolfi would seek EC aid in covering the costs that the ban will have on the Italian economy.

The European Commission, the Community executive, will officially inform the EC member-nations of the EC ban of Italian meat exports by the end of the week and the ban will officially go into effect three days after that.

The EC measure affects all meats for three months and non-boned meats for an indefinite time period. The ban does not affect horsemeat, poultry and processed meat such as salami.

Though, in theory, Italy can still export meat to non-EC nations, these nations appear to be preparing similar measures to the Community's one.

Last year a similar ban on meats sales was applied by the EC on half the pig meat produced in Belgium.

/8309

CSO: 5400/2566

KENYA

RINDERPEST ERADICATED

Harare THE HERALD in English 5 Sep 86 p 13

[Text] Rinderpest, a cattle disease that has been a scourge of livestock in Africa for centuries has been eradicated in Kenya after a protracted campaign.

The campaign against the disease started early this century when in 1908 the building of the veterinary laboratories was commenced at Kabete, in Nairobi. The laboratories became operational two years later.

The eradication of the disease has been difficult and expensive, according to the director of veterinary services, Dr W.M. Njoroge.

After the laboratories were completed the first concern for the department was the development of a vaccine that would immunise cattle against the disease. Rinderpest is epizotic and its mortality rate can be as high as 90 percent.

A goat virus of the disease attenuated through the goat was developed, and was found to be good enough to immunise the cows.

The government decided that the vaccine Kabete Attenuated Goat virus (KAG) should be made available free to all farmers.

Further research developed a better vaccine which was attenuated - through the rabbit - (rapenised vaccine) which would be used to both the indigenous Zebu cows and the imported exotic breed from Europe. KAG was not fully adapted to this latter group.

Recently the department was able to develop a cheaper tissue culture vaccine which is being used in the campaign.

Dr Njoroge says that the campaign has been successful because of the determined effort by the department and the acceptance by the farmers.

To get the farmers to accept, especially the illiterate pastoral groups which inhabit the semi-arid parts of the country, the vaccine has had to be given free and sometimes through persuasion.

"The exercise is expensive but worthwhile because it is looking after the national herd," he says.

According to the director, any control would only be possible by vaccinating all cattle. In the internal districts of the country this is managed easily because farmers understand the need for it.

Again the farmers there are mostly involved in zero grazing in individual parcels of land making access to them easy.

But in the nomadic border district it takes effort and patience to get the co-operation of the pastoral tribes. Depending on the weather, these tribes cross to the neighbouring countries and back again increasing the danger of bringing back the disease.

To make sure that these border districts are completely immunised the vaccination campaign is conducted twice a year. The vaccine lasts for 10 years, but because of the cross border movement, it is hard to isolate those which have not been vaccinated.

The answer to that is to vacinate all the cattle in these parts at definite intervals, Dr Njoroge says.

In the campaign the Organisation of African Unity bureau of animal health has played a vital role by making available reports of outbreaks of animal diseases in neighbouring countries, thus giving the veterinary department time to engage in a vaccination campaign in the areas round the border.

Simultaneous vaccination with neighbouring countries, especially Uganda and Tanzania, has also made disease control possible by ensuring that all those animals which escape vaccination in one country are not left out.

Stock movement inside Kenya itself is closely monitored. Farmers moving animals from one district to the other must get a free permit that testifies that the animals have been immunised.

"Our only problem comes from the stock trader and the rustler," says Dr Njoroge. Cattle rustling among the border tribes especially along the Kenya-Uganda borders is a headache which both sides of the frontiers have been trying to eliminate.

The eradication of rinderpest marks a giant step in Kenya's fast-expanding dairy industry Kenya's national cattle population is estimated at more than 10 million - Ziana.

/13104

CSO: 5400/198

NIGERIA

TICK-BORNE CATTLE DISEASES CAUSE LOSSES

Kaduna NEW NIGERIAN in English 28 Aug 86 p 16

[Article by Waziri Garba]

[Text]

ABOUT 120 million Naira is lost yearly through deaths of cattle suffering from heartwater, a tick-borne cattle disease, Dr. J.P. Fabiyi, has observed.

Dr. Fabiyi said in a paper titled "Cattle ticks of Nigeria" that an estimated ten per cent of indigenous cattle or about 1.2 million cattle were susceptible to heartwater, which he said was one of the three major tick-borne diseases that attacked cattle with many losses.

He said a minimum of 50 per cent of these 1.2 million susceptible animals or over 600,000 heads of cattle die of heartwater annually.

Dr. Fabiyi, a lecturer at the

Abubakar Tafawa Balewa College, A.B.U., Bauchi Campus, said the monetary value of the animals could be put at about 120 million Naira, assuming that each animal costs 200 Naira which he noted might be an underestimation.

He said the figure in terms of death toll and economic losses of the effects of the disease might rise up to 90 per cent among the exotic breed of cattle, such as the Friesians imported at adulthood from places where tick-borne diseases occurring in Nigeria were not found, therefore, such cattle had no prior infection.

In the paper which aimed at analysing the problems posed by infestations of cattle ticks in the country, past, present and future control strategies, Dr. Fabiyi noted that at present, complete eradication of ticks was not feasible because among other

things the problem of widespread resistance of ticks to the chemicals (acaricides) used to control them so that no amount of treatment would remove them from the animal and thereby check their spread.

Dr. Fabiyi however, noted that there were good prospects for effective control of ticks in future especially if neighbouring countries were involved in the efforts to curtail reinfestation in addition to the blending of expertise of entomologists, animal breeders, agrostologists, veterinary and agricultural advisers in the strategy.

He also suggested the vaccination of cattle using "gut" antigens, which he said was a new alternative strategy for tick control developed elsewhere which could be of value in integrated approach to ticks management in Nigeria.

/13046

CSO: 5400/192

BRIEFS

AFRICAN SWINE FEVER REPORTED—African swine fever has required the destruction of more than a thousand pigs in the Castro Verde zone according to a technician, Francisco Campanico, from the agricultural sub-region of Beja. The head of the livestock department of the Ministry of Agriculture services at the capital of Baixo Alentejo said that "African swine fever is causing incalculable damage, since in addition to the thousand pigs that were destroyed, many hundreds have died as a result of the disease." In an attempt to calculate the economic consequences of the epidemic for the pig farmers, he estimated that on the basis of the "situation already described by the farmers, indemnization will require about 10,000 contos." These are the costs in an area where it is suspected that there are many more concentrations of the fever than the eight already identified, but which have not yet been reported by the farmers in the affected area. This lack of reporting is related to the fact that many farmers are unwilling to reveal the true nature of the situation "for fear that this would create a prohibition on the raising of pigs during a long period of quarantine," said the technician. [Excerpt] [Lisbon DIARIO DE NOTICIAS in Portuguese 9 Aug 86 p 10] 12857/8309

CSO: 5400/2553

UNITED KINGDOM

BRIEFS

CATTLE TB OUTBREAK—The deer which graze the Purbeck Hills in Dorset may be responsible for the country's worst outbreak of tuberculosis in cattle. Ministry of Agriculture experts are investigating the possibility of a link between Sika and roe-deer and the disease. So far 65 animals have been infected in a beef herd of about 300 animals in an outbreak which began in September 1984, according to a Ministry report. At first badgers were the prime suspects but tests have proved negative. TB was diagnosed in three Sika stags and one roe-deer which had been ranging over the affected farm. The report says the deer habitat is much closer to the Dorset farm than is usual elsewhere. The deer had been shot as part of a culling operation. They were examined as part of a Ministry survey. Now woodland owners involved in culls are being asked to send the internal organs of deer to the Ministry for investigation. TB infection in cattle is higher in the South West than anywhere else in England. According to the Ministry report there were 53 "new" cases of infected herds in 1985, compared with only nine for the rest of England. [Text] [London DAILY TELEGRAPH in English 28 Aug 86 p 10] /9274

CSO: 5440/002

ZIMBABWE

AGRICULTURE MINISTRY OFFICIAL FEARS LOCUST THREAT THIS WINTER

Harare THE HERALD in English 22 Aug 86 p 4

[Text] THE threat of locust swarms in Zimbabwe is very real this season, a Ministry of Agriculture official said in Harare yesterday.

Dr Shadrack Miambo from the Plant Protection Research Institute said that locust eggs which had been dormant in neighbouring countries — Botswana and South Africa — during the winter season would hatch in warmer temperatures.

He said that these eggs hatch into hoppers which concentrate themselves in areas where there is food and they eventually create swarms. Dr Miambo said that if Zimbabwe were affected by swarms of locusts from multi-locational entry points from outside the country, we would not be able to eradicate the swarms.

"It would become a regional exercise in which arrangements would have

to be made with SADCC where each member would have to contribute and allow for the free movement of control personnel," he said.

He added that if the locusts originated from within the country they would be detected and eliminated. "Zimbabwe has sufficient stocks of chemicals and equipment to deal with small swarms," he said.

This new famine threat has affected many areas in Africa in the most serious infestation for 60 years. Scientists have said that this is the natural outcome of good rains and warm weather.

The emergency situation has elicited the support of many international organisations including UN agencies such as the FAO and Unicef throughout the continent. — Ziana.

/13104
CSO: 5400/199

END

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1. Form 70D must be used when ordering copy reproduction work from the P&PD Bindery and Reprographic Center. All other printing and photography requests should be forwarded to the Main Printing Plant, Room 154 or G-67 for processing.

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3. Printing, photography, and copy center requests submitted to any P&PD component must be accompanied by the proper form for the type work requested and have both an authorized signature and a requisition number that identifies the component for which the work is being done.

Instructions:

The 70D requisition has two separate parts. Part I is general information that identifies the requesting component and production time frames; however, components in the FIR program will fill in only the shaded blocks. Part II is for the FIR Program only.

Part I

All Copy Center customers, except FIR/DDO components, should furnish basic information requested in items 1 thru 13. Those components in the FIR Program will fill in the shaded areas only.

Part II

This section is for those offices in the FIR Program.

1. Instructions for copying reports should be written clearly and concisely; one report per line that lists the number of pages in the report.

2. If possible, all similar classifications should be on the same manifest: for example, all FIR-LT's listed together, all FIR-DB's together, all OO-B's together, all OO-T's together, etc.

BELOW RESERVED FOR BINDERY AND REPROGRAPHIC CENTER PERSONNEL

BINDERY AND REPROGRAPHIC CENTER	PLANNING & DISSEMINATION		
		EMPLOYEE INITIALS	TIME UNITS
	Logging In :		
	Customer Assistance:		
	Mailing Out :		

DOCUMENT COPYING

<input type="checkbox"/> DOCUMENT PREPARATION			
	NO. OF ORIGINALS	NO. OF IMPRESSIONS	
<input type="checkbox"/> XEROX 3100			
<input type="checkbox"/> XEROX 8200			
<input type="checkbox"/> XEROX 9500 VR			
<input type="checkbox"/> XEROX 9900 VR			
<input type="checkbox"/> OTHER _____			
<input type="checkbox"/> COLLATING: <input type="checkbox"/> HAND <input type="checkbox"/> MACHINE			

BINDERY

<input type="checkbox"/> SCREW POST <input type="checkbox"/> STAPLE <input type="checkbox"/> DRILL or HOLE PUNCH <input type="checkbox"/> SPIRAL <input type="checkbox"/> COLLATING:	<div style="border: 1px solid black; padding: 2px; display: inline-block;">NO. OF BOOKS</div> _____	
<input type="checkbox"/> HAND <input type="checkbox"/> MACHINE		

BINDERY AND REPROGRAPHIC CENTER
PRINTING & PHOTOGRAPHY DIVISION
Rm. GJ-56 Ex. 5154 or 5155
(SEE INSTRUCTIONS ON REVERSE PAGE)

PART I (TO BE FILLED IN BY ALL REQUESTORS)

1. REQUESTED BY	2. SECURITY CLASSIFICATION	6. REQUISITION NO. 5416-104587
DIRECTORATE, OFFICE, DIVISION, BRANCH, UNIT	3. DOCUMENT CONTROL NO.	7. COMPLETION DATE DESIRED
ROOM NUMBER, BUILDING	4. AUTHORIZED SIGNATURE	8. <input type="checkbox"/> VIA COURIER <input type="checkbox"/> CALL FOR PICK UP
EXTENSION NO. (BLACK)	5. DATE OF REQUISITION	9. SCHEDULED DELIVERY DATE 16/1/7

10. DESCRIBE ATTACHED ENCLOSURE FULLY. QUANTITY, SIZE, MATERIAL.

NUMBER OF PAGE ORIGINALS 15 SIZE OF ORIGINALS _____

NUMBER OF COPIES 140

11. FINISHED FORMAT DOCUMENT PAPER SIZE _____ <input type="checkbox"/> ONE SIDE <input type="checkbox"/> HEAD TO HEAD <input type="checkbox"/> TUMBLEHEAD	12. BINDERY <input type="checkbox"/> STAPLE ON SIDE <input type="checkbox"/> STAPLE ULC <input type="checkbox"/> PUNCH <input type="checkbox"/> GBC BIND
--	---

13. SPECIAL INSTRUCTIONS:

500 Charge

PART II (TO BE FILLED IN ONLY BY OFFICES PARTICIPATING IN THE FIR PROGRAM)

Central Intelligence Agency
INFORMATION REPORTS RECEIPT

Central Intelligence Agency
INFORMATION REPORTS RECEIPT

REPORT NUMBER	PAGES	COVER SHEET	DL	SI	TOTAL PAGES	ATTACHMENTS
60				/		
00	0 - 1	/				/
00						/
TOTAL						

RECEIPT AND RETURN DUPLICATE COPY TO: ☐ F&PD, G356

DATE RECEIVED	RECEIVED BY
---------------	-------------

DATE RECEIVED	RECEIVED BY
---------------	-------------

General Information

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BINDERY AND REPROGRAPHIC CENTER	PLANNING & DISSEMINATION		
		EMPLOYEE INITIALS	TIME LIMITS
Logging In :			
Customer Assistance:			
Mailing Out :			

DOCUMENT COPYING

<input checked="" type="checkbox"/> DOCUMENT PREPARATION			
	NO. OF ORIGINALS	NO. OF IMPRESSIONS	
<input type="checkbox"/> XEROX 3100			
<input type="checkbox"/> XEROX 8200			
<input type="checkbox"/> XEROX 9500 VR			
<input checked="" type="checkbox"/> XEROX 9900 VR	600	10,800	ad
<input type="checkbox"/> OTHER _____			
<input checked="" type="checkbox"/> COLLATING:			
<input type="checkbox"/> HAND		<input checked="" type="checkbox"/> MACHINE	
ad			

BINDERY

	NO. OF BOOKS	
<input type="checkbox"/> SCREW POST		
<input checked="" type="checkbox"/> STAPLE	120	ad
<input type="checkbox"/> DRILL or HOLE PUNCH		
<input type="checkbox"/> SPIRAL		
<input type="checkbox"/> COLLATING:		
<input type="checkbox"/> HAND		<input type="checkbox"/> MACHINE

END OF

FICHE

DATE FILMED

28 Oct/1986